# Los Angeles County Health Department ABILITY-TO-PAY (ATP) PLAN

#### WHAT SERVICES ARE OFFERED?

Medical care including prenatal and maternity, prescription medicines and *hospitalizations*. Services are offered at any County hospital or clinic.

#### WHO CAN BE COVERED?

Persons NOT ELIGIBLE to *full-coverage* Medi-Cal may qualify for ATP.

Persons RECEIVING *restricted* Medi-Cal may qualify for ATP for *non-emergency* services.

#### IS THERE AN INCOME LIMIT?

For clinic care, you can get care at no cost if, after deductions, your monthly income PLUS other resources in your family are less than:

1 person	\$ 901	4 persons	\$1401
2	\$1001	5	\$1601
3	\$1201	6	\$1701

For hospitalizations, you can get care at no cost if, after deductions, your monthly income PLUS *other resources* in your family are less than:

1 person	\$ 616	4 persons	\$1116
2	<b>\$ 766</b>	5	\$1276
3	\$ 951	6	\$1431

If you now get General Relief, you can get care at no cost.

If your income/property is over these amounts, the ATP worker will figure out what you must pay.

#### IS THERE A PROPERTY LIMIT?

No, but 1/12 the value of your countable property, such as checking/savings accounts, other real property and stocks and bonds, is <u>added</u> to your countable monthly income to figure your ATP obligation.

# CAN I RECEIVE SERVICES IF I HAVE OTHER INSURANCE?

Yes, but you must use any medical benefits you have such as private insurance or outpatient Medicare. ATP will cover your private insurance "deductible." ATP will NOT cover a Medi-Cal Share-of-Cost (SOC).

# IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but you must provide proof of address.

# WHERE DO I APPLY?

You must request a financial screening appointment at one of the County medical centers listed on the reverse side. Toll Free Information Line 1 (800) 378-9919.

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# WHERE TO APPLY: ABILITY-TO-PAY PLAN

# TOLL FREE INFORMATION LINE: 1(800)378-9919

#### **Bellflower Health Center**

10005. Flower Street Bellflower CA 90706 (562) 804-8111 (562) 804-8115

# **Compton Health Center**

300 E. Rosecrans Avenue Compton CA 90221 (310) 603-7047

# **El Monte Comprehensive Health Center**

10953 Ramona Blvd. El Monte CA 91731 (626) 579-8412

# E.R. Roybal Comprehensive Health Center

245 South Fetterly Avenue LA CA 90022 (323) 780-2340

#### Florence - Firestone Health Center

8019 S. Compton Avenue LA CA 90001 (323) 586-6588

#### Harbor/UCLA Medical Center

1000 West Carson St., Rm 2C1 Torrance CA 90509 (310) 222-2887/(310) 222-2884

# H.C. Hudson Comprehensive Health Center

2829 South Grand Avenue LA CA 90007 (323) 744-3689

# H.H. Humphrey Comprehensive Health Center

5850 South Main Street LA CA 90003 (323) 846-4287

# **High Desert Hospital**

44900 North 60<sup>th</sup> Street West Lancaster CA 93535 (805) 945-8440

# **Imperial Heights Health Center**

10616 S. Western Avenue LA CA 90047 (323) 242-6811

# **Lawndale Health Center**

14616 S. Grevillea Avenue Lawndale CA 90280 (310) 973-3100

# **Long Beach Comprehensive Health Center**

1333 Chestnut Avenue Long Beach CA 90810 (562) 599-8704

# Los Angeles County/USC Med. Center

2020 Zonal Avenue, Ground Floor LA CA 90033 (323) 226-6361

# Martin L. King, Jr./Drew Medical Center

12021 South Wilmington Avenue LA CA 90059 (310) 668-3564

#### Olive View/UCLA Medical Center

14446 Olive View Drive Sylmar CA 91342-1495 (818) 364-3077

# **Rancho Los Amigos Medical Center**

7601 East Imperial Highway Downey CA 90242 (562) 401-7315 (562) 401-7320

#### San Antonio Health Center

6638 Miles Avenue Huntington Park CA 90225 (323) 586-6286

# Wilmington Health Center

1325 Broad Avenue Wilmington CA 90744 (310) 518-8800

# LOS ANGELES COUNTY HEALTH DEPARTMENT OTHER NO-COST/LOW-COST PLANS

#### **PRE-PAYMENT PLAN:**

Use this plan at any County medical center for clinic care.

- If you pay within seven (7) days of treatment, you do not have to prove your income, other resources, or family size.
- Costs per visit vary with location. Check with any County health facility for details.

# **CHILD-DELIVERY PLAN:**

This plan covers labor and delivery service for pregnant women.

- For herself, each mother must pay \$800 within seven (7) days after she leaves the hospital.
- For her baby, each mother *must apply for Medi-Cal*.

# **NO EXTRA COST MEDICINES:**

All clinic patients can get medicines at no extra cost for emergency and public health services.

# PUBLIC PRIVATE PARTNERSHIP (PPP) PROGRAM:

This program provides primary care services at no cost if you qualify.

- Family Practice, Prenatal Care, Pediatric Care, and Women's Health Care
- Medications
- Referrals for Specialty Care

Eligibility is based on *signing a self-certification form* indicating that:

- Total net family income is at or below 133 1/3% of the Federal Poverty Level (FPL). Documentation of income is not required.
- Applicant does not have Medi-Cal, Medicare or any private health insurance.

Call 1(800) 427-8700 for the PPP clinic nearest you.

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